

Patton State Hospital



2006-2007

Doctoral Internship in Clinical Psychology

APA Accredited Since 1964*

*Committee on Accreditation
American Psychological Association
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Washington, DC 20002-4242

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Cover Illustration of Patton State Hospital Circa 1902 Based on a Lithograph by Vern Fowler

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INTRODUCTION

Working from a "scientifically-informed practitioner" model, the clinical psychology internship at Patton State Hospital strives to develop well-rounded, diverse, competent, entry level clinical psychologists who can function effectively in a wide variety of settings and who also have developed specialized skills in the area of forensic psychology and treatment of the severely mentally ill. The program has been continuously accredited by the American Psychological Association¹ since 1964, and has been listed by APPIC since 1973. At the completion of the 2005-2006 internship year, 157 interns have completed the internship program and are working in positions ranging from state hospital and correctional psychologists to private practice to full professors in APA accredited psychology programs. Patton's postdoctoral fellowship is also listed by APPIC and is currently seeking APA accreditation.

The assumption that strong scientifically grounded clinical skills are essential to the practice of psychology regardless of one's specialization or interests guides the program. At PSH, we believe that a solid clinical foundation is requisite for future specialty training. Although Patton offers concentrations in clinical psychology, clinical neuropsychology, and forensic psychology, all interns will complete a core curriculum in clinical practice. Throughout the internship year, emphasis is placed on enhancing the following foundational areas of competence:

- a. Ability to make sound and scientifically informed professional judgments
- b. Ability to extend and expand basic assessment and intervention techniques to meet the needs of diverse settings and problems
- c. Ability to work with clients of diverse backgrounds
- d. Awareness of interaction between culture and psychology
- e. Ability to apply ethical and legal principles to practice
- f. Ability to manage professional time
- g. Ability to work in collaboration with other professionals
- h. Awareness of personal strengths and limitations and the need for continued supervision, consultation, and education

Patton State Hospital's predoctoral internship in psychology accepts only applicants who are enrolled in a **clinical** psychology program at a recognized university or professional school (APA-approved programs are preferred); **no exceptions will be granted**. The clinical psychology internship is a one-year, full-time placement.

The Patton psychology internship is committed to maintaining and enhancing the diversity of our training programs. It is our philosophy that the experiential component of the internship is enhanced when the intern class is comprised of individuals with diverse life experiences and backgrounds. Individuals from underrepresented ethnic, cultural, and geographical backgrounds are strongly encouraged to apply.

¹ American Psychological Association Committee on Accreditation, 750 First Street NE, Washington, DC 20002-4242; (202) 336-5979

THE HOSPITAL

Patton State Hospital has been accredited as a forensic mental health facility by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 1987. It is the largest maximum-security forensic hospital in the nation that houses male and female criminally insane patients. Patton has a long and interesting history that dates back to 1893 when the hospital was first opened as the "Highland Insane Asylum." From the turn of the century through World War II, the hospital maintained a moderate census of less than 1,000 patients. Increases in Patton's population paralleled a post-World War II nationwide hospital expansion. By 1950 the hospital contained 4,000 severely mentally ill and substance abusing patients. At that time, Patton was a self-contained community of 670 acres where the patients raised livestock, grew vegetables and ran a hog ranch, tailor shop, newspaper, furniture shop, mail room, sewing room, and laundry. In recognition of the need for long-term care communities, California's goal was to have an entirely self-sufficient community within the state hospital.

Patton's history reflects mental health trends in the 20th century. From the beginning, Patton used the most advanced mental health technologies available including industrial and occupational therapies, insulin shock, metrazol shock, lobotomies, electric shock, baths, operant conditioning, and medications (aspirin, tranquilizers and bromides). In the 1950s, the discovery of Thorazine's behavioral-control properties ushered in the age of pharmaceutical treatment of mental illness. In 1955, California state hospitals (including Patton) began providing Thorazine routinely and received a large grant from NIMH to study the efficacy of major tranquilizers on release rates. Though the initial study was not randomized, it did **not** support a conclusion that neuroleptic medications shortened hospitalizations. Other notable research conducted at Patton included the "Patton Experiment" (a large-scale token economy) and the Sobell controlled drinking research study.

As an institution, Patton State Hospital is shifting from a traditional medical model (i.e., that severe mental illness is a disease process and that the primary target of treatment is the removal of symptoms) to a recovery model (i.e., that individuals with severe mental illness are active participants in guiding their treatment process to improve their lives). The recovery philosophy moves beyond the mere reduction of symptoms to a more comprehensive approach that builds upon each patient's strengths in an effort to facilitate productive and healthy lifestyles during their stay at the hospital and once released into the community. The hospital employs widespread group treatment in order to facilitate the recovery process. These treatment groups cover a wide variety of topics and take several forms. Many groups are didactic in nature (e.g., understanding signs and symptoms of relapse) and others are more "process" oriented. In addition, interns work with patients in individual psychotherapy throughout the internship year.

THE PATIENTS

This is a snapshot of Patton's population as of 6/1/2006. There are 1,501 patients (ages 16-91) who exhibit a wide range of severe mental disorders, personality disorders, substance abuse, and neuropsychological deficits. Patton houses many of the female forensic patients in the state (318). Ethnicity is varied. Thirty percent of the hospital population is African American, 5% Asian/Pacific Islander, 44% Caucasian, and 20% Hispanic, with the balance from other cultures. There is a monolingual Spanish-speaking unit and a unit for deaf and hard of hearing, both of which are training sites for interns. The most common legal commitment types are not guilty by reason of insanity (NGRI; 33%), incompetent to stand trial (ISCT; 29%), and Mentally Disordered

Offenders (MDO; 24%; Note: these individuals are prisoners who served their entire prison sentence, but were determined to be too mentally ill and dangerous to be paroled to the community). Patton also has female prisoners who require acute psychiatric hospitalization during their prison sentences (2%), mentally disordered sex offenders (1%, which is a relatively high number since that commitment law was repealed 1981), and a small number of civilly committed patients who are too dangerous to be managed in a less secure setting.

The patients' varied diagnoses and legal commitments make Patton State Hospital a challenging (and exciting) setting for staff and interns. For this reason, prospective applicants will benefit from being mature and flexible. Because Patton is a maximum-security institution, only those patients who cannot be housed safely in less secure hospitals are admitted. This setting provides unique exposure to the complex intersection between acute mental illness, character disorder, substance abuse, criminality, and dangerousness. Interns who complete this program will have experience with some of the most difficult and complex treatment and forensic cases possible, thus providing a solid foundation for a wide variety of future clinical or forensic activities.

THE AREA

San Bernardino, California is a city of approximately 185,000, within a county of 1.7 million people. It is in a valley surrounded by mountains and foothills that are snow-covered in the winter. In the summer, one can fully appreciate the variety of trees planted on the hospital grounds by a former Medical Director with an interest in botany.

No matter in which direction one travels, there are opportunities for recreation, sports, shopping, and cultural events. Within a thirty-mile radius, there are six major universities. Not only do these institutions offer opportunities for continuing education; they also host special events in art, music, and drama.

Sports fans will find, within a one and one-half hour drive, two major league baseball teams, two professional basketball teams, two NHL teams, and numerous racetracks (but unfortunately no football team). Soccer participants will appreciate the year-round availability of teams and playing fields. Snow skiing is within 45 minutes; boating, fishing, camping, and water skiing are within 30 minutes; surf and sand are within 60 minutes; and the spas and golf courses in Palm Springs are less than 60 minutes away. If one so chooses, the endless adventure of Hollywood, Los Angeles and Beverly Hills is less than 2 hours away. San Diego also has numerous recreational and cultural activities and is little more than 2 hours away. It is not necessary to travel far to find entertainment. In the area there are more than 20 movie theaters, two community concert associations, the well-known Redlands Bowl Summer Music Festival, fairs, museums, and parks.

Though the Inland Empire is one of the fastest growing areas in California, housing costs are relatively affordable. In past years, many interns have chosen to live in apartment communities within a 10-minute drive of the hospital, whereas others have chosen to live in nearby mountain communities with are about a 30-minute drive from the hospital.

THE TRAINING PROGRAM: CORE REQUIREMENTS

Goals and Processes

The overarching goal of the internship program is to prepare trainees for postdoctoral fellowships or entry level practice in clinical psychology by providing in-depth training in the basic foundations of psychological practice. The internship program allows interns to structure their training experiences in accordance with their career goals and interests. At the beginning of the year each intern's clinical skills are evaluated. Once the prerequisite clinical competencies are assured, the intern may choose a concentration in Clinical Psychology or Forensic Psychology. (Because of the rigors of the Neuropsychology Concentration, in some years one intern is specifically selected for that concentration. Applicants who are interested in the Neuropsychology Concentration should indicate this interest in their application materials.) Regardless of the concentration chosen, each intern completes the following core assignments. All concentrations require focused experiences beyond the core requirements.

1. Psychological Assessment and Diagnosis: By completing at least 17 psychological reports, interns learn to draw sound diagnostic inferences and make recommendations relevant to patient needs using clinical interviews (including a cognitive screening), collateral information, and/or psychological assessment data. They will be able to write integrated and useful psychological reports that are guided by specific referral questions. Interns will be able to choose an efficient, yet thorough, assessment battery that is uniquely designed to answer the referral question, while addressing the forensic implications. As part of this requirement, all interns will complete one positive behavioral support plan, one brief neuropsychological battery, one cultural formulation, and one court report.
2. Clinical Interventions/Therapy: Interns will carry at least three long-term cases throughout the year that will ensure competency in the following areas:

Individual Therapy

- (a) Conceptualizing cases
- (b) Developing basic therapeutic rapport and treatment engagement
- (c) Planning and implementing interventions
- (d) Evaluating the effectiveness of interventions
- (e) Adjusting interventions according to a patient's needs

Interns will be aware of evidence based treatment methods through seminars or specially assigned cases where manual/protocol-driven interventions can be delivered. All interns will conduct therapy with a person of another culture (or who speaks another language), complete a multicultural formulation, and obtain supervision from a psychologist whose cultural background is similar to that of the patient. The psychology internship at Patton is firmly committed to the goal of producing practitioners who not only are aware of the importance of understanding cultural issues when providing competent treatment, but who also actively integrate cultural considerations into all aspects of treatment (e.g., case formulation, forming and maintaining the therapeutic alliance, the appropriateness of specific interventions, etc.).

Group Therapy

By co-leading a minimum of two groups with a staff psychologist, interns will develop

competency in facilitating group psychotherapy with severely mentally ill patients. Through the required groups, each intern will solidify group skills in the following areas: (a) providing group therapy as a co-facilitator, (b) facilitating group process, (c) using group dynamics and process toward positive treatment outcome, and (d) teaching patients circumscribed skills such as anger management or social skills. Depending on intern interests and hospital needs, there are also opportunities to participate in the development of new groups at the hospital.

3. Multicultural Awareness: By focusing on diversity issues in seminars and supervision, attending the cultural section of the General Seminar, and providing psychotherapy and assessments to patients from diverse backgrounds (with appropriate supervision and consultation), interns will learn to adjust assessment and treatment strategies to reflect an understanding of individual cultures, languages, abilities, values, and ranges of socioeconomic status. Because of the multicultural demographics of the patient population at Patton State Hospital, each intern has the opportunity to work with a varied cultural population. To ensure the development of increased cultural competence, interns are required to conduct psychotherapy and a psychological evaluation or assessment with at least one patient from a different cultural background while receiving consultation from one of Patton's designated multicultural specialists. Completing a psychological evaluation through an interpreter is an excellent way to meet this requirement. Although the numbers listed above reflect the minimum experiences provided to each intern, most interns conduct assessments and provide treatment with number of patients from varied cultural backgrounds.

In addition to the experiences discussed above, interns have several opportunities to be supervised and seek consultation from psychologists from a range of cultural backgrounds. Close to 30% of the 48 Psychologists at Patton are members of ethnic minority groups and at least four of Patton's current psychologists were born outside of the United States. Additionally, a number of psychologists at Patton are fluent in Spanish and one psychologist is fluent in American Sign Language (ASL), providing several options for supervision of cases on our Spanish-speaking unit and deaf unit.

4. Consultation and Team Skills: Consultation is a core psychological skill. Because Patton patients are assigned to treatment teams, interns conducting psychotherapy and assessment become consultants to the patient's team. Interns will participate in a treatment team or as a consultant to several treatment teams, learning to consult effectively with peers and other professionals. Additionally, Interns will become proficient at contributing psychological expertise to a multidisciplinary treatment staff through participation in treatment conferences, shift change meetings, individual consultation, and a mock court proceeding.
5. Ethics and Standards of Practice: In seminars and ongoing supervision, interns will review ethics, standards, and laws related to the practice of psychology. During periodic brown-bag lunches, interns will be exposed to ethical dilemmas confronted by Patton psychologists, and the thought process leading to decisions. Interns will develop sensitivity to the specific ethical concerns posed by a forensic setting, particularly with respect to confidentiality, role conflict, use of consultation, and the limitations of our empirical knowledge base.
6. Basic Forensic Skills: Because Patton's patient population consists of forensically committed individuals, there is a 4- month seminar to explain forensic issues. In supervision and seminar s interns will learn the ways in which commitment type affects treatment and

assessment goals.

Core Seminars

1. Assessment, including basic neuropsychology and forensic assessment
2. Psychotherapy
3. General seminar including: basic forensic issues, multicultural issues, and mock court

Organization of the Internship

The training program is tailored to meet the needs, interests, and current level of training of each intern. The Psychology Internship Committee plans the program with oversight by the Internship Director.

At the beginning of the internship, each intern is assigned to a Coordinating Supervisor who oversees that intern's training and supervises some therapy and/or assessment cases. The Coordinating Supervisor (with the intern) conducts an initial evaluation of the intern's skills that forms the basis for planning **individualized training experiences** in the selected concentration area.

THE TRAINING PROGRAM: CONCENTRATION AREAS

Training Concentrations:

Recent marketplace demands for increased specialization of clinical psychologists have caused the internship committee at Patton to acknowledge the need for some students to focus their predoctoral training in a specific area of competency such as forensic psychology. This trend has made it necessary for interns to acquire some specialization at the predoctoral level. Thus, the internship program at Patton State Hospital offers three training concentrations that are integrated with the core curriculum to ensure that the intern's increasing specialization is based on strong skills in assessment, psychotherapy, and consultation. The intern may receive focused training by choosing one of the concentration areas: 1) Clinical Psychology, 2) Forensic Psychology. (Note: as previously mentioned, the clinical neuropsychology intern is selected separately.)

Because of the patient population at Patton, there is substantial overlap between the concentrations in that they all deal with a forensic population that consists primarily of individuals with severe mental illnesses. The concentration system is offered to increase the flexibility of the internship program and to allow the intern to enter the program with varying degrees of professional development and interests. Some past interns have come to Patton to sample treatment and assessment of the severely mentally ill, whereas others have chosen the internship to prepare for a postdoctoral fellowship in forensic psychology. In all concentration areas, the intern, along with the Coordinating Supervisor, will plan individualized training activities that afford opportunities to work throughout the hospital with a wide variety of patients and legal commitments.

Each intern may individualize his or her training program by working through the Coordinating Supervisor and Internship Director to select placements that will maximize exposure in a chosen interest area. Exposure to basic neuropsychology and forensic issues is provided for all interns.

Comparison of Internship Concentrations

Concentration	# Therapy Cases	# Groups	# Psychological Assessments/ Evaluations	Required Seminars
Clinical Psychology	6	3	17	Core seminars (see p.6)
Forensic Psychology	3	2	24	Core seminars, advanced forensic seminar presentations
Clinical Neuropsychology	3	2	18	Core seminars, advanced neuropsychology training

CLINICAL PSYCHOLOGY CONCENTRATION

Rationale: Interns choosing this concentration will receive balanced training in the treatment and assessment of the judicially committed mentally ill. The training goal of this concentration is to produce well-rounded psychologists who can work in a wide variety of settings and have developed specialized skills in the treatment of severely mentally ill individuals. Interns will receive supervised training in group and individual psychotherapy, psychological assessment, and psychological consultation to a multidisciplinary treatment team. For interns in the Clinical Psychology concentration, the following minimum requirements must be met to complete the internship program successfully.

Psychotherapy

- ❖ Interns will carry a minimum of 6 individual psychotherapy cases throughout the year, where short-term and long-term treatment modalities are employed.
- ❖ Interns will be assigned to a primary unit with the intern's Coordinating Supervisor.
- ❖ One psychotherapy case will be a patient who was found incompetent to stand trial.
- ❖ One patient must be of a different cultural background than the intern.
- ❖ On the intern's primary unit, he or she will attend multidisciplinary treatment meetings for each treatment planning conference on his or her individual patients. In this context, the intern will function as an integral team member.
- ❖ Interns will co-lead at least three psychotherapy groups. The intern will also be expected to co-lead a short-term group.

Assessment and Psychological Evaluation

- ❖ Interns choosing this concentration will be required to complete 17 written psychological reports (at least 10 reports will include formal psychological testing). In completing these reports, over the course of the year, the intern must complete 7 objective personality tests (MMPI-2 or PAI), 7 Rorschach tests, and 7 WAIS III's. Early in the training year, the intern will complete at least one integrated battery consisting minimally of the MMPI-2 or PAI, WAIS III, and Rorschach. During the year, the intern will complete at least three forensic assessment instruments (e.g., MacCAT-CA, PCL-R, etc.) or forensically related instruments (e.g., SIRS, TOMM, etc.).
- ❖ At least one assessment will be conducted on a patient with a different ethnic background than the intern with consultation from one of the hospital's designated multicultural experts.
- ❖ At least one assessment will be conducted through an interpreter.
- ❖ At least one of the psychological reports will consist of a Positive Behavioral Support (PBS) plan, which is a recovery focused behavioral treatment plan.
- ❖ At least one report will be a "court report," which is written for the court system to update them on a patient's legal status (e.g., progress toward competency to stand trial, readiness for release, etc.).
- ❖ A clinical intern who performs a neuropsychological assessment that includes personality measures may count this as two assessments.

Clinical Psychology Concentration MINIMUM INTERNSHIP REQUIREMENTS

Psychotherapy	Description
A. Individual Psychotherapy	Each intern will carry a minimum of six psychotherapy cases.
B. Group Psychotherapy	Each intern will participate in at least three psychotherapy groups. A wide variety of groups are available, some of which include process, anger treatment, social skills, trial competence, substance abuse, and various other specialty groups.
Psychological Assessments	Description
A. Assessments/Evaluations (17)	Each intern will complete at least 17 psychological reports. During the course of the year the intern must administer, score, and write up 7 MMPI-2 or PAI, 7 WAIS III, and 7 Rorschach tests. There will also be Positive Behavioral Support plan, one neuropsychological screening battery, one court report, one cultural formulation, one assessment through an interpreter, and three forensic assessment instruments or forensically related instruments. All assessments/evaluations will include neurocognitive screening.
Cross-Cultural Competency	Description
A. Psychotherapy	At least one therapy patient will be of a different cultural-ethnic heritage from the intern. At least one consultation will be obtained from a psychologist with a similar cultural heritage to the patient. This will be the basis of a cultural formulation.
B. Assessment	Working through interpreters is a necessary skill for psychologists. Therefore, least one evaluation/assessment will be conducted on a patient of a different language than the intern. During this time, in addition to supervision, the intern will obtain consultation from one of the designated multicultural experts.

FORENSIC PSYCHOLOGY CONCENTRATION

Rationale The forensic psychology concentration is offered to meet the growing demand of applicants who are considering a career in forensic psychology. This concentration does not provide the level of training and specialization received at the postdoctoral level in forensics. Rather, it offers the intern sufficient exposure to forensic psychology to provide a foundation for those interns who plan to pursue postdoctoral training. The forensic concentration will build on a strong foundation of clinical skills that are expected to be present when the intern enters this program. The following minimum requirements must be met for successful completion of the internship.

Psychotherapy

- ❖ Interns will carry a minimum of three long-term individual psychotherapy cases throughout the year. There must be at least two supervisors across the three cases (i.e., two patients with one supervisor and one patient with another supervisor.)
- ❖ Interns will co-lead at least two psychotherapy groups during the year. Group topics may include social skills training, anger treatment, addictions, cognitive rehabilitation, relapse prevention for sex offenders, and several others.

Assessments and Psychological Evaluations:

- ❖ Interns choosing this concentration will be required to complete a total of 24 written work products. Over the course of the year the intern must accrue 7 MMPI-2 or PAI, 7 Rorschach, and 7 WAIS-III tests. Early in the training year, the intern will complete an integrated battery consisting normally of MMPI-2 or PAI, WAIS-III, and Rorschach. The remainder of the assessments will be written to answer specific referral questions relevant to treatment or disposition including sex offender risk assessment, readiness for conditional release, malingering, and competency to stand trial. All assessments/evaluations include a brief cognitive screening.
- ❖ In the course of completing the required 24 assessments and evaluations, the intern will gain experience with at least four forensic assessment instruments (FAI) or forensically related instruments (FRI). A partial list of FAI and FRI examples is listed below:

FAI Examples

- HCR-20
- VRAG
- STATIC-99
- PCL-R
- PCL-SV
- STATIC-99
- MacCAT-CA
- CAI
- ECST-R

FRI Examples

- SIRS
- MFAST
- VIP
- TOMM
- Symptom-Validity Testing

Forensic Psychology Concentration MINIMUM INTERNSHIP REQUIREMENTS

Psychotherapy	Description
A. Individual Psychotherapy	Each intern will carry a minimum of three individual psychotherapy cases. Each intern will have a minimum of two therapy supervisors.
B. Group Psychotherapy	Each intern will be assigned two psychotherapy groups. A wide variety of groups are available, some of which include process, anger treatment, social skills, trial competency, relapse prevention for violent sex offenders, and various other specialty groups.
Psychological Assessments	Description
A. Assessments (24)	Each intern will complete 24 psychological assessments/evaluations. During the course of the year the intern must administer, score, and write up 7 MMPI-2's or PAI's, 7 WAIS III's, and 7 Rorschach's. Interns will have experience using at least four of the forensic assessment instruments and/or forensically related instruments listed on page 13 to address questions in the following areas – risk assessment (sex offender or general), readiness for release, malingering, competency to stand trial, or treatment planning. Included in this category are one brief neuropsychological report, one positive behavioral support, one cultural formulation and three court reports.
Cross-Cultural Competency	Description
A. Psychotherapy	At least one therapy patient will be of a different cultural-ethnic heritage from the intern. At least one hour of consultation will be obtained from a psychologist with a similar cultural heritage to the patient and this will be the basis for the cultural formulation.
B. Assessment	Working through interpreters is a necessary skill for psychologists. Therefore, least one evaluation/assessment will be conducted on a patient of a different language than the intern. During this time, in addition to supervision, the intern will obtain consultation from one of the designated multicultural experts.

CLINICAL NEUROPSYCHOLOGY CONCENTRATION

Rationale: The clinical neuropsychology concentration is under the supervision of Patton's neuropsychologists, William Britt, PhD, ABPN, Dominique Kinney, Ph.D., and Steve Nitch, Ph.D. Neuropsychological supervision is also available from David Glassmire, Ph.D., ABPP, and Annette Ermshar, Ph.D. Clinical neuropsychology is a growing field of specialization nationwide. Moreover, the need for neuropsychologists who appreciate the complexities of forensic cases and assessment of psychiatric patients is critical. The intent of this concentration is to provide an intern with the requisite training to be a competitive candidate for a neuropsychology postdoctoral fellowship or forensic psychology postdoctoral fellowship. *However, it does not provide postdoctoral level training in either forensic psychology or neuropsychology.* The requirements are designed to facilitate completion of the pre-doctoral *prerequisites* articulated at the Houston Conference by APA Division 40 (See Appendix D). All of the requirements listed below must be met for successful completion of the internship.

Approach to Neuropsychology: The program emphasizes a "Process" model, which utilizes a flexible (rather than fixed) battery based on a hypothesis-testing method. To respond to referral questions in this setting, neuropsychologists integrate both qualitative and quantitative data (cognition, personality, and behavior) to help provide effective treatment recommendations to meet forensic and clinical goals.

Psychotherapy:

- ❖ Interns will carry a minimum of three long-term individual psychotherapy cases, for which there will be at least two different supervisors. One of the three long-term cases will be a cognitive rehabilitation case.
- ❖ Interns will co-lead a cognitive rehabilitation group and two short-term (12-week) groups. One way to meet the cognitive rehabilitation requirement is through participation in the Functional Rehabilitation and Education Experience (FREE) program, which is a day treatment program, facilitated by William Britt, Ph.D., ABPN, that utilizes computer-assisted cognitive remediation strategies.

Assessment and Psychological Evaluation

- ❖ Interns in the neuropsychology concentration will be required to complete a total of 18 psychological reports. At least 15 psychological assessments will include formal psychological testing, of which at least 10 will be comprehensive neuropsychological batteries. Over the course of the year, the intern will complete five MMPI-2/PAI's, five Rorschachs, and five WAIS-III's. Included in this number will be one Positive Behavioral Support plan, one court report, and one cultural formulation.
- ❖ In the course of this concentration, interns will be expected to address at least three of the following questions:

<ul style="list-style-type: none"> • Head Injury Neuropsychological Assessment • Differential Diagnosis of Dementia • HIV Neuropsychological Assessment • Geriatric Neuropsychological Assessment • Screening for Cognitive Rehabilitation Group 	<ul style="list-style-type: none"> • Malingering Cognitive Impairment • Treatment Planning • Trial Competency Barriers
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Seminar

- ❖ Guided Readings in Neuropsychology (Required)

Clinical Neuropsychology Concentration MINIMUM INTERNSHIP REQUIREMENTS

Psychotherapy	Description
A. Individual Psychotherapy	Each intern will carry a minimum of three long-term psychotherapy cases under at least two supervisors.
B. Group Psychotherapy	Each intern will be assigned one yearlong cognitive rehabilitation group. The intern will co-lead this group that teaches the acquisition of skills of daily living and prosocial interpersonal interaction. In addition to the cognitive rehabilitation group, two short-term groups will be completed. A wide variety of groups are available, some of which include process, anger treatment, social skills, trial competency, relapse prevention for violent sex offenders, and various other specialty groups.
Psychological Assessments	Description
A. Assessments/Evaluations (18)	Each intern will complete 18 psychological reports. At least 10 assessments will be comprehensive neuropsychological batteries. During the course of the year the intern must administer, score, and write up 5 MMPI-2, 5 WAIS-III's and 5 Rorschach's. There will also be at least one multicultural formulation, one court report, and one positive behavioral support plan.
Cross-Cultural Competency	Description
A. Psychotherapy	At least one therapy patient will be of a different cultural-ethnic heritage from the intern. At least one consultation will be obtained from a psychologist with a similar cultural heritage to the patient. This will form the basis for the cultural formulation.
B. Assessment	Working through interpreters is a necessary skill for psychologists. Therefore, at least one evaluation/assessment will be conducted on a patient of a different language than the intern. During this time, in addition to supervision, the intern will obtain consultation from one of the designated multicultural experts.

INTERN EVALUATION

Deadlines for Assessments

Mid January: Four assessments/evaluations.

Mid May: Half of the total number of required assessments/evaluations are due.

End of August: All assessments/evaluations are due.

Intern Performance Evaluation

As previously noted, Coordinating Supervisors conduct evaluations of each intern's abilities at the beginning of the training year. Informal feedback is provided to interns on an ongoing basis during supervision. Formal written evaluations of an intern's progress are conducted at the end of rotations and the findings are communicated to the interns and their schools. At the end of the year, written evaluations are provided to each intern's school, as required. After all training requirements are completed, a certificate of completion is awarded to each intern with a copy sent to the school.

Program Performance Evaluation

Throughout the year, interns are invited to bring their concerns to the internship committee through their Coordinating Supervisors or the Internship Director. The Internship Committee and Director consider their concerns and make changes as appropriate. The Internship Director also meets with each intern on a monthly basis to elicit concerns about aspects of his or her training program. At the end of the year, interns complete written evaluations of their supervisors and evaluate their experiences, seminars, and the program as a whole. This feedback is used to modify the program as part of the goal of improving the quality of training.

SEMINARS AND TRAINING

Once the internship starts, Tuesday is seminar day. All seminars include some group supervision. On the first Tuesday of each month, we will have a brown-bag lunch during which a psychologist will bring an ethical or legal dilemma for discussion. Through this type of group supervision, interns expand their exposure to a wide variety of information and case material. Interns will also have some practice in peer supervision. Assigned readings are discussed and printed handouts are frequently distributed. Didactic material is often presented by staff and interns in order to cover issues such as professional ethics, legal considerations, assessment procedures, research, cross-cultural issues, psychopharmacology, and psychotherapy.

Basic Forensic Seminar/General Seminar

The Forensic Seminar runs for four months at the beginning of the year to orient the interns to the practice of forensic psychology in a state hospital and in the community. Seminar topics cover the various commitments that are typically seen in forensic practice such as Incompetent to Stand Trial (ICST), Not Guilty by Reason of Insanity (NGRI), Sexually Violent Predator (SVP), Mentally Disordered Offender (MDO), and civil commitments. Dr. Mona Mosk facilitates the General Seminar. Dr. Mosk graduated from the University of South Dakota and is presently the psychologist on Patton's Deaf and Hard of Hearing Unit. She has interests in multicultural issues, PTSD, and treatment of children and adolescents. Dr. Mosk's goals for this seminar are tailored for each year's individual class needs and interests. Although the seminar includes didactic information about a number of topics, it also serves as a forum where interns can discuss issues regarding professional development. See Appendix A for an outline of seminar topics.

Psychotherapy Seminar

This seminar is designed to assist interns in conceptualizing treatment and developing treatment plans that are effective for people suffering from severe mental illnesses. Interns will review a model of personality development. Assigned readings will be discussed each week. Subsequently, presentations on evidence-based practice will be provided. Finally, the focus will be on strengthening therapeutic skills through a combination of didactic training and group supervision. Dr. Jette Warka facilitates the psychotherapy seminar. Dr. Warka graduated from Loma Linda University with a Ph.D. in Clinical Psychology. Her dissertation focused on attachment and resiliency. She is interested in attachment theory and theories of emotional development and affect regulation as these apply to therapeutic work. Additionally, Dr. Warka is interested in Object Relations Theory and its application in the therapeutic situation. She recently completed a one-year postdoctoral course in Psychoanalytic Psychotherapy from the Psychoanalytic Center of California. See Appendix B for an outline of seminar topics.

Assessment Seminar

This seminar begins with a brief review of basic concepts that are common to all psychological assessments (e.g., issues of reliability, validity, sampling, confidence intervals, cultural considerations, sensitivity and specificity, base rate considerations, etc.). At the completion of the basic psychometric review, the seminar provides in-depth training in the use of Patton's core personality assessment instruments (MMPI-2, PAI, and Exner's Comprehensive Rorschach System) as well as the WAIS-III. Finally, a number of basic neuropsychological and forensic assessment instruments are addressed throughout the year. Dr. David Glassmire facilitates the Assessment Seminar. Dr. Glassmire greatly enjoys teaching. In addition to serving as the Internship Director at Patton, he serves as a part-time faculty member at the University of Southern California Department of Gerontology. He has assessment interests in the areas of neuropsychology, MMPI-2, and forensic evaluation. He has published and presented several

studies on test development and serves as a Consulting Editor for the *Journal of Personality Assessment* and an Ad Hoc Reviewer for *Psychological Assessment*. See Appendix C for an outline of seminar topics.

Topics in Forensic Psychology

Interns in the forensic concentration will have opportunities to participate with postdoctoral fellows in selected activities and seminars.

Advanced Neuropsychology

The individual participating in the neuropsychology concentration will be involved in guided readings and discussions related to her or his assessments. Additionally, the neuropsychology intern will have opportunities to participate in some of the neuropsychology postdoctoral seminars and case presentations.

Inservice Training

Interns are encouraged to attend hospital-wide training activities. Recent hospital offerings have included exposure to the recovery model, positive behavioral support, multicultural issues, ethics, supervision, suicide assessment, aging, substance abuse, Dialectical Behavior Therapy, and forensic report writing among others. Staff members with expertise in various areas often provide inservice training and at times outside consultants are recruited for specialized training. Patton hosts an annual Forensic Conference addressing research and practice in forensic mental health. Jointly sponsored training by Patton and the Loma Linda University School of Medicine (LLUSM) provide opportunities for interns to learn about the latest developments in the diagnosis and treatment of patients with schizophrenic and bipolar disorders. One particular training co-hosted by Patton and LLUSM is the "Individual with Psychosis" conference, which is an annual daylong conference covering issues such as medication management, recovery from severe mental illness, and patient advocacy. This conference often includes candid presentations by individuals who have been diagnosed with severe mental illness and who have been patients at inpatient psychiatric facilities. When possible, Patton psychologists also conduct seminars that are necessary for licensure in California (for example, Child Abuse reporting, Battering and Spouse Abuse, Human Sexuality, etc.).

Meetings

Interns at Patton are members of the psychology professional staff and attend relevant staff meetings and conferences, participate in psychology staff discussions, and learn to be professional psychologists by working in close association with staff. The Clinical Professional Issues Forum (generally held on the third Wednesday of each month) provides opportunities to attend seminars conducted by Patton psychologists on topics of interest to the group. Interns have ample opportunity for contact with members of other professions through staff meetings, unit activities, and by exposure to various hospital programs.

Case Presentations

Interns have opportunities to present aspects of their work, including psychodiagnostic and psychotherapy cases, before the interdisciplinary professional staff at treatment planning conferences and at semi-annual staffing reviews. In addition, interns present their cases in the Clinical Practices Seminar that occurs during the second half of the year.

Field Trips

Visits to Southern California courts may be arranged to observe court hearings relating to forensic issues such as release to the community, certification, writs of habeas corpus, guardianship, conservatorship, extension of commitment hearings, and other court proceedings

related to forensic psychology. Interns are also invited to observe Patton psychologists testify in court. Potential field trips include:

- California Institution for Men/California Institution for Women
- Conditional Release Program
- Parole Outpatient Clinic

Research

In keeping with our goal of preparing interns for the next step in their psychology careers, interns are encouraged to complete their dissertations. Up to four hours per week may be used for this purpose. Depending on the intern's interests and staff availability, interns may even be able to obtain some dissertation consultation from staff psychologists. There are limited opportunities to participate with staff in conducting research. However, these are available only to interns who have completed their dissertations.

Resources for Training

Patton's internship program has access to a wealth of internal and external training resources including an excellent staff library that subscribes to several psychology journals, computers, voice mail, teleconferencing ability, assessment materials, assessment software, and dictation equipment.

Supervisors

The staff of the psychology department is diverse and includes psychologists with different ethnic, socioeconomic, and educational backgrounds, interests, and areas of expertise. This makes it possible to include multicultural experiences as part of an intern's training, as well as to offer a breadth of experiences in areas of interest to interns.

APPLICATION INFORMATION

Application Deadline: November 15th

All application materials including transcripts and letters of recommendation must be **in our office** by November 15th to allow the Internship Director and Committee sufficient time to review applications for the selection process. All of the following materials must be received by the November 15th deadline in order to complete the application:

1. Completed AAPI
2. Three letters of recommendation
3. Official Transcripts From All Graduate Institutions Attended
4. Current Curriculum Vita
5. California Examination and/or Employment Application
6. Supplementary Information to Application-Psychology Classes Form

Please note that all application materials, including the California Examination and/or Employment Application form and the Supplementary Information to Application-Psychology Classes form must be completed in their entirety. Our Human Resources Department will not accept these forms with notations such as “see attached vita” in lieu of completing the items in the actual forms. In order to facilitate this process, electronic versions of these two forms should be available by mid-September on the Patton Psychology Internship web page at the following URL:

<http://www.dmh.cahwnet.gov/Statehospitals/Patton/PsychologyIntern.asp>

Funding

Funding is through a Civil Service Appointment to the Job Classification, Clinical Psychology Intern. Payment occurs at the first of each month. The first full paycheck is available October 1, 2006.

The annual salary for the 2006-2007 year is \$38,064.

There are **no** unpaid positions.

Holidays, Vacation Time and Medical Benefits

Interns have the same holidays as other state employees, plus one day per month of accrued sick leave and two weeks of paid vacation time. This accrues at the rate of approximately 11 hours per month. Accrued vacation time may not be used until the seventh month of employment. Unused vacation time is paid to the intern at the end of the year. Alternatively, interns may choose Annual Leave. This is accrued at the rate of 8 hours per month and may be used for vacation or sick days. All annual leave is reimbursable. Several medical insurance plans are available to the intern with set amounts paid by the state, depending upon marital status and number of dependents. Vision and dental coverage are also available.

Starting Time

The internship begins on the first day of September per the California calendar. Usually the start date falls between August 31 and September 2.

Interviews

Interviews are required. Qualified applicants will be contacted to schedule an interview **after** the application materials are reviewed. Because on-site completion of a brief work sample is part of the application process, personal interviews are required (i.e., no phone interviews).

Caveat

Though internship offers are made in February, actual employment in September is contingent on passing a physical examination (including a drug screening) and a security clearance following fingerprinting. If this brochure was downloaded off of our web site, please see the "Letter from Human Resources" letter that is linked to the application section of our page. This letter describes the security clearance screening process.

CONDITIONS OF INTERNSHIP

The Requirements

Internship applicants must be currently enrolled in a doctoral program (preferably APA-accredited) in clinical psychology at a recognized university or professional school, must be recommended by the clinical program, and must meet our prerequisites. The program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and follows their guidelines for the internship match.

Civil service requires that applicants have completed a core curriculum and a minimum of 500 hours of assessment and therapy practica in clinical psychology. Since 1990, all successful applicants have completed more than 1,000 practicum hours including 290 hours of individual and group psychotherapy. There is a strong emphasis on psychological assessment, and having administered, scored, and written at least 7 psychological assessments is expected.

The Patton State Hospital Psychology Internship is committed to maintaining ethnic, religious, and socio-cultural diversity among our trainees. Individuals from ethnic and cultural minority backgrounds are strongly encouraged to apply.

FOR FURTHER INFORMATION

Write or call: David M. Glassmire, Ph.D., ABPP
 Internship Director
 Patton State Hospital
 3102 E. Highland Ave. AX-229
 Patton, CA 92369
 (909) 425-6573

Fax: (909) 425-6604

PSYCHOLOGY STAFF

There are currently 48 psychologists on staff at Patton. The Ph.D. or Psy.D. degree in Psychology is a requirement for appointment to a staff position. All psychologists are either licensed in California or actively working toward licensure.

Most psychologists are members of an interdisciplinary treatment team that consists of a physician, psychologist, social worker, rehabilitation therapist, psychiatric technician, RN/case manager, and other specialized staff as needed. As a team member, in addition to providing therapeutic and assessment services, a psychologist provides information that is used in developing the treatment plan and in evaluating patients for release.

A wide variety of theoretical orientations are represented among staff members, including cognitive/behavioral, strategic, humanistic, existential, feminist, sociocultural, psychodynamic, and psychosocial approaches to treatment. Areas of staff interest or expertise include cross cultural psychology, forensic psychology, the psychology of oppression, spirituality and psychotherapy, program planning and development, neuropsychology, drug and alcohol treatment, treatment of personality disorders, geropsychology, staff training and development, behavioral assessment and treatment planning, working with families, and treatment of family violence, among others.

PSYCHOLOGY STAFF

Olatunji Ajibola, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology.

Interests: Forensic; child, adolescent, individual, and group psychotherapy

Orientation: Cognitive Behavioral

TesiEllen Athans, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Individual psychotherapy and psychopathy

Orientation: Cognitive Behavioral; Objects Relations

Henry Beck, Psy.D.

Graduate Institution: Loma Linda University

Postdoctoral Fellowship: Patton State Hospital (Clinical Psychology)

Interests: Psychotherapy; Forensic Assessment; Treatment of Sex Offenders

Orientation: Humanistic/Gestalt

Steven Berman, Ph.D.

Graduate Institution: University of South Carolina

Interests: Paradoxical interventions

Orientation: Integrative

William Britt, Ph.D., ABPN

Graduate Institution: Biola University

Interests: Neuropsychology; Alzheimer's Disease; Integration of Spirituality and Treatment; Cognitive rehabilitation

Orientation: Cognitive Behavioral

Robert Brodie, Ph.D.

Graduate Institution: University of California, Santa Barbara

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Ethnic minority mental health with and emphasis on African Americans;

Treatment of Axis II disorders; Forensic assessment.

Orientation: Cognitive Behavioral; Dialectical Behavioral Therapy

Melanie Byde, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Working with the severely mentally ill

Orientation: Object Relations

Patricia Cawunder, Ph.D.

Graduate Institution: Louisiana State University

Interests: Trial competency; Multi-cultural psychology; Psychology and spirituality

Orientation: Eclectic

Sheri Curtis, Ph.D.

Graduate Institution: Loma Linda University

Postdoctoral Fellowship: Patton State Hospital (Clinical)

Interests: Measurement of Attachment; Women's Psychological Development

Orientation: Object Relations

Nilda Diaz-Vivar, Psy.D.

Graduate Institution: University of La Verne

Interests: Multicultural Assessment; Forensic Psychology; Neuropsychology

Orientation: Psychodynamic; Cognitive Behavioral

Annette Ermshar, Ph.D.

Graduate Institution: Loma Linda University

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Assessment; forensic psychology; neuropsychology; psychopathy; stalking

Orientation: Integrative with Object Relations and Existential Psychology

Sean Evans, Ph.D.

Graduate Institution: Loma Linda University

Interests: Individual Psychotherapy; Sex-Offender Assessment and Treatment;

Neuropsychology, Dialectical Behavior Therapy (DBT)

Orientation: Psychodynamic; Existential

David M. Glassmire, Ph.D., ABPP (Forensic)

Graduate Institution: Pacific Graduate School of Psychology

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Forensic Psychology; Neuropsychology; Aging; Cross-Cultural Psychology

Orientation: Integrative (Cognitive Behavioral and Object Relations)

Marjorie Graham-Howard, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Juvenile forensic evaluations; forensic geropsychology

Orientation: Psychodynamic/Object Relations

Paul D. Guest, Ph.D.

Graduate Institution: University of Arizona

Interests: Therapeutic stories

Orientation: Psychodynamic/Object Relations

David A. Haimson, Ph.D.

Graduate Institution: Brigham Young University

Interests: Psychological assessment

Orientation: Integrative: Cognitive/Psychodynamic/Social-Learning/Existential

Steven Jenkins, Ph.D.

Graduate Institution: University of Wyoming

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Research on risk assessment; treatment of sex offenders

Orientation: Integrative, Cognitive-Behavioral

Flavia Jorge, Ph.D.

Graduate Institution: Andrews University

Interests: Detection of cognitive decline in Spanish speaking schizophrenic patients. The impact of Culture and Spirituality in emotion regulation with the Spanish speaking patients.

Orientation: Cognitive-Behavioral Therapy

Norman Kerbel, Ph.D.

Graduate Institution: University of North Dakota

Interests: Design of the therapeutic milieu; treatment program development; the "scientifically informed art" of psychotherapy

Orientation: Eclectic; Cognitive-Behavioral

Allen Killian, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Assessment of Malingering; Psychodynamic Theory

Orientation: Object Relations and Cognitive Behavioral

Dominique Kinney, Ph.D.

Graduate Institution: Pacific Graduate School of Professional Psychology

Postdoctoral Fellowship: Patton State Hospital (Neuropsychology)

Interest: Neuropsychology; cognitive rehabilitation; self-efficacy; cross-cultural psychology; positive psychology

Orientation: Integrative: Cognitive-Behavioral; Optimism and Positive Psychology

John Kinsman, Psy.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Malingering; the information that psychological symptoms provide about a patient's path to wholeness.

Orientation: Eclectic

Craig Lareau, J.D., Ph.D., ABPP (Forensic)

Graduate Institution: Villanova University School of Law/MCP Hahnemann University

J.D./Ph.D. Joint Program in Law and Psychology

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Forensic assessment; psycho-legal research; expert witness testimony

Orientation: Cognitive behavioral

Jana Larmer, Psy.D.

Graduate Institution: Loma Linda University

Interests: Forensic Assessment and Individual Psychotherapy

Orientation: Psychodynamic

Kimberly Light-Allende, Psy.D.

Graduate Institution: University of La Verne

Interests: Crisis intervention, relationship violence with an emphasis on female aggressors, and gender roles.

Orientation: Social Learning; Cognitive-Behavioral

Ming-Pay Liu, Ph.D.

Graduate Institution: California School of Professional Psychology, Los Angeles

Interests: Individual and group psychotherapy

Orientation: Psychodynamic

Laura Luna, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Postdoctoral Fellowship: Patton State Hospital (Neuropsychology)

Interests: Neuropsychology

Orientation: Cognitive Behavioral

Joseph Malancharuvil, Ph.D., ABPP (Clinical)

Graduate Institution: Loyola University of Chicago

Interests: Treatment of severely mentally ill

Orientation: Psychodynamic

Mark Martinez, Psy.D.

Graduate Institution: Azusa Pacific University

Interests: Working with low SES individuals; HIV

Orientation: Psychodynamic

Kira Mellups, Psy.D.

Graduate Institution: George Washington University

Postdoctoral Fellowship: Patton State Hospital (Clinical Psychology)

Interests: Psychotherapy; Working with patients with developmental disabilities and Axis II Disorders

Orientation: Psychodynamic

Mona Mosk, Ph.D.

Graduate Institution: University of South Dakota

Interests: Multicultural Issues (Specialty in Deaf and Hard-of-Hearing), PTSD,

Children/Adolescent treatment

Orientation: Eclectic with a focus on Cognitive, Behavioral, and Supportive techniques

Steve Nitch, Ph.D.

Graduate Institution: Loma Linda University

Postdoctoral Fellowship: Neuropsychology Fellowship, Harbor UCLA Medical Center/Rehab Center, San Pedro Peninsula Hospital

Interests: Neuropsychology, Malingering Assessment; Sports Concussion; Cognitive Remediation of Chronic Mental Illness; Differential Diagnosis of Dementia; Psychopharmacology

Orientation: Cognitive Behavioral

Allison Pate, Ph.D.

Graduate Institution: University of North Dakota

Interests: Treatment and Assessment of Personality Disorders; Object Relations Theory

Orientation: Psychodynamic

Maya Petties, Psy.D.

Graduate Institution: Spalding University School of Professional Psychology

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Forensic assessment; research on risk assessment; psychotherapy

Orientation: Object relations, psychodynamic

Donna Robinson, Ph.D.

Graduate Institution: Rosemead School of Psychology

Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)

Interests: Psychological assessment; forensic evaluations; integration of spiritual issues in treatment

Orientation: Psychodynamic; Cognitive-Behavioral

Jesus Rodriguez, Ph.D.

Graduate Institution: Utah State University

Interests: Psychotherapy; Multicultural Therapy and Assessment

Orientation: Client Centered Therapy

Cathy Sink, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Therapy with severely mentally ill

Orientation: Cognitive-Behavioral; Insight Oriented; Humanistic

Andrew Tamanaha, Ph.D.

Graduate Institution: Pacific Graduate School of Psychology

Interests: Forensic Assessment; Personality Assessment; Bereavement Issues

Orientation: Psychodynamic; Cognitive-Behavioral

Helga Thordarson, Ph.D.

Graduate Institution: New School for Social Research, New York

Interests: Narrative therapy; arson; building therapeutic alliance with involuntary patients; morality and mental health

Orientation: Object Relations, Integrative

Susan Velasquez, Ph.D., Chair of Psychology Department

Graduate Institution: California School of Professional Psychology, Los Angeles

Interests: Multicultural mental health

Orientation: Cognitive-Behavioral

Dennis Wallstrom, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology

Interests: Psychology and religion

Orientation: Eclectic

Jette Warka, Ph.D.

Graduate Institution: Loma Linda University

Interests: Individual therapy; MDO evaluations; attachment issues; resiliency

Orientation: Object Relations; Integrative

Jeffrey Weinstein, Ph.D.

Graduate Institution: California School of Professional Psychology, San Diego
 Postdoctoral Fellowship: Center for Cognitive Therapy, University of Pennsylvania
 Department of Psychiatry
 Interests: Psychotherapy; Substance Abuse Treatment
 Orientation: Cognitive Therapy

Robert Welsh, Ph.D.

Graduate Institution: Rosemead Graduate School of Psychology
 Postdoctoral Fellowship: University of Tennessee at Memphis
 Interests: Assessment; evidence based practice; Forensic Assessment
 Orientation: Self-Psychology; Intersubjectivity

Carolyn Wicks, Ph.D.

Graduate Institution: Loma Linda University
 Interests: Individual and Group Psychotherapy, DBT, and Psychological Assessment
 Orientation: Integration of Self-Psychology, Object Relations, and Cognitive-Behavioral

Mark Williams, Ph.D.

Graduate Institution: State University of New York at Binghamton
 Postdoctoral Fellowship: Patton State Hospital (Neuropsychology)
 Interests: Neuropsychology of Psychiatric Disorders, Cognitive Rehabilitation, Forensic Assessment
 Orientation: Cognitive Behavioral

Mark Wolkenhauer, Psy.D.

Graduate Institution: California School of Professional Psychology, Fresno
 Interests: Individual psychotherapy; anger and sex offender treatment; supervision
 Orientation: Psychodynamic; Cognitive-Behavioral

April Wursten, Ph.D., ABPP (Forensic)

Graduate Institution: University of Arizona
 Interests: Intern professional development; history of mental health in the U.S.
 Orientation: Interpersonal / reality

Hospital Staff

Executive Director	Carlos Luna, Pharm.D.
Medical Director	Sarla Gnanamuthu, M.D.
Hospital Administrator	Gary Hahn
Assistant Hospital Administrator	Linda Morgan
Clinical Administrator	Joseph Malancharuvil, Ph.D., ABPP
Department of Corrections	Lt. Fountain
Coordinator Nursing Services	Regina Olender
Patients' Rights Advocate	Paula McCord
Equal Employment Opportunity	Christine Rozzano
Human Resources Director	Blanche Sherer
Medical Ancillary Services	Ronald Hattis, M.D.
Central Program Services	Jaleh Mohalletee

Programs

I
III
IV
V
VI
VII
VIII

Program Directors

Aurora Hendricks
Jim Pollard
Fred Wolfner
Sandra Summers (A)
Harry Oreol
Noreen Barger
Cynthia Siples

Chiefs of Service

Community Forensic Liaison	Lynnette McDermott (A)
Medical Staff	Rafaat Girgis, M.D.
Nursing Staff	Ken Dowell, RN
Physician/Surgeon	Ron Hattis, MD
Psychology Department	David Haimson, Ph.D. (Acting)
Rehabilitation Therapy	Greg Siples, RT
Social Work	Veronica Kaufman, LCSW
Professional Education	William McGhee, M.D., Ed.D.
Chief of Medical Staff	Christopher Sangdahl, M.D.

Training Programs

Psychology Internship	David Glassmire, Ph.D., ABPP
Psychology Fellowship	Marjorie Graham-Howard, Ph.D.
Psychology Clerkship	Annette Ermshar, Ph.D.
Social Work	Rachel Allinson LCSW

APPENDIX A: General Seminar

Part 1: Forensic Seminar

Introduction to Forensic Mental Health Practice
Competency to Stand Trial
Privilege and Confidentiality
Sex Offenders, Diagnosis and Treatment
The Insanity Defense: PC 1026
Hospitalized Prisoners and Parolees
Dangerousness Risk Assessment
Malingering
Involuntary Commitments: Civil Commitment
Antisocial Personality Disorders: Evaluation and Legal Issues
Expert Testimony

Part 2: Clinical Supervision

A four week group supervision activity, facilitated by staff psychologist with the goal of practicing supervision skills with colleagues

Part 3: Topics in Mental Health

Mental health work in a forensic setting
Narrative construction: Searching for dangerousness/"turning ghosts into ancestors"
Working with antisocial and psychopathic patients
Family Law and the Psychologist
Existential and treatment issues and the role of the unit psychologist
Taking care of yourself when working with a forensic populations
Arson and firesetting
History of Patton State Hospital
Professional identity and role transitions
Female offenders
Informed consent, medication and ethical practices
Psychotherapy and schizophrenia
The therapeutic milieu

Part 4: Mock Court

Preparation for court
Mock court day: Our local lawyer/psychologist and the forensic postdoctoral fellows take forensic interns through a process of direct and cross-examination

APPENDIX B: Psychotherapy Seminar Curriculum

The initial goals of the Psychotherapy Seminar are two-fold, namely, to provide (a) a theoretical foundation in the psychodynamics of the primitive mental states and (b) a useful clinical approach in working with such patients in the therapeutic setting. Subsequently, other, primarily evidence-based approaches will be incorporated. Clinical material presented by facilitators and interns will be integrated into the discussion of these materials. The following books and papers may be drawn upon, depending on intern needs.

Books and Articles:

Alvarez, Anne: Motiveless malignity: Problems in the psychotherapy of psychopathic patients.
 Beck, Aaron: Cognitive therapy of personality disorders
 Caper, Robert: Does psychoanalysis heal?
 Chapman, R. K.: First person account: Eliminating delusions.
 Freeman-Sharpe: The Analyst and The Analysand.
 Freud, Sigmund: The Ego and the Id.
 Grotstein, James: Orphans of the real: Some modern and post-modern perspectives on the neurobiological and psychological dimensions of psychosis and other primitive mental disorders.
 Guntrip, Harry: Psychoanalytic theory, therapy, and the self.
 Hamilton, N. Gregory: Self and Others: Objects Relations Theory in Practice.
 Joseph, Betty: Object relations in clinical practice.
 Kanas, Nick: Group Therapy for Schizophrenic Patients.
 Kernberg, Otto: Severe personality disorders.
 Klein, Melanie: Envy and gratitude.
 Klein, Melanie: Mourning and its relation to manic-depressive states.
 Klein, Melanie: Notes on some schizoid mechanisms.
 Klein, Melanie: On Criminality.
 Kunst, Jennifer: Lessons from MacGyver: Working psychoanalytically under less than optimal conditions.
 Kunst, Jennifer: Understanding the religious ideation of forensically committed patients.
 Malancharuvil, Joseph: Delusional thinking: A thought or affective disorder.
 Mason, Albert: psychoanalytic concepts of depression and its treatment.
 Linehan, Marsha: Cognitive behavioral treatment of Borderline Personality Disorder (skills training manual and textbook).
 Mintz, David: Meaning and medication in the care of treatment-resistant patients.
 Robbins, Michael: Psychoanalytic and biological approaches to mental illness: Schizophrenia.
 Rogers, Carl: The necessary and sufficient conditions of therapeutic personality change.
 Rogers, Carl: What understanding and acceptance mean to me.
 Shafer, Roy: The termination of brief psychoanalytic psychotherapy.
 Sue, Stanley: Cultural competency: From philosophy to research and practice.
 Sue et al.: Beyond ethnic match: Effects of client–therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes.
 Uchida et al.: Cultural constructions of happiness: theory and empirical evidence.
 Wampold, Bruce: The great psychotherapy debate
 Westen and Bradley: Empirically supported complexity.
 Winnicott, Donald: The aims of psychoanalytic treatment.
 Yalom, Irwin: Inpatient group psychotherapy.

APPENDIX C: Assessment Seminar Curriculum

Intensive overview of assessment

Psychometric Review (Reliability, Validity, Standard Error of Measurement, etc.)

Cultural Considerations in Psychological Assessment

Establishing Rapport

The Mental Status Exam

Report writing

The RBANS and GSRT

Rorschach series

Neuropsychological Interpretation of the WAIS III

Thematic Apperception Test (TAT)

The MMPI-2

The PAI

The MCMI-3

The NEO-PI-R

Forensic Assessment Instruments

Basic Neuropsychological Series

This series, which is generally facilitated by Patton's Neuropsychology Postdoctoral Fellows, identifies some of the most significant neuropsychological indicators that interns might notice during provision of treatment, evaluation, or assessment. By the end of the series, interns should be able to recognize when focused neuropsychological assessment is warranted.

Neuropsychological Aspects of:

- Schizophrenia
- Depression
- Drug and Alcohol Abuse
- The Dementias (Alzheimer's, Parkinson's, Huntington's, HIV)
- Traumatic Brain Injury

Role of Neuropsychology in:

- Competency to Stand Trial
- Violence Risk Assessment
- Ability to Profit from Treatment

APPENDIX D:

Guidelines for Basic Education and Training of a Clinical Neuropsychologist

The American Psychological Association and the Canadian Psychological Association both recognize clinical neuropsychology as a specialized subdiscipline within the general field of psychology. Clinical neuropsychologists are professionals within the field of neuropsychology who possess specialized training and expertise in the relationship between brain functioning and behavior. In 1997, representatives from APA Division 40 (Clinical Neuropsychology), the National Academy of Neuropsychology (NAN), the American Board of Clinical Neuropsychology (ABCN), the American Academy of Clinical Neuropsychology (AACN), and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) convened in Houston, Texas to outline the basic criteria for education and training in clinical neuropsychology. According to guidelines adopted at the Houston Conference, the minimal education and training of a clinical neuropsychologist involves:

1. Successful completion of a doctoral level degree in psychology from a regionally accredited program
2. Successful completion of systematic didactic education (course work in neuropsychology and neuroscience) including:
 - A. Foundations for the study of brain-behavior relationships
 - Functional Neuroanatomy
 - Neurological and related disorders including their etiology, pathology, course, and treatment
 - Non-neurological conditions affecting CNS functioning
 - Neuroimaging and other neurodiagnostic techniques
 - Neurochemistry of behavior
 - Neuropsychology of behavior
 - B. Foundations for the practice of clinical neuropsychology
 - Specialized neuropsychological assessment techniques
 - Specialized neuropsychological intervention techniques
 - Research design and analysis in neuropsychology
 - Professional issues and ethics in neuropsychology
 - Practical implications of neuropsychological conditions
3. Supervised predoctoral experiential training (practica and internships) in clinical neuropsychology
4. Two or more years of supervised training (usually post-doctoral) applying neuropsychological services in a clinical setting

The Clinical Neuropsychology Concentration at Patton State Hospital fulfills the internship requirement outlined at the Houston Conference. Additionally, the Neuropsychology Seminar and guided readings in neuropsychology can supplement the didactic experiences that were obtained at the intern's graduate institution. *However, successful completion of the Neuropsychology Concentration is only one component in the education and clinical training necessary to become a clinical neuropsychologist.*

APPENDIX E: Former Interns' Post Internship Employment

1990-1991

Staff Psychologist, Atascadero State Hospital
 Staff Psychologist, Arizona Department of Corrections
 Director, La Frontera Mental Health, Tucson, AZ
 Staff Psychologist, Georgia Department of Corrections

1991-1992

Staff Psychologist, Parole Outpatient Clinic
 Senior Psychologist, California Institution for Men
 Private Practice, Heritage Professional Associates
 Private Practice, Pine Rest Mental Health Services

1992-1993

Neuropsychologist, Patton State Hospital
 Postdoctoral Fellowship Director, Patton State Hospital
 Unknown

1993-1994

Associate Professor, Dept. of Psychiatry, University of Southern California
 Chief Psychologist, Central California Women's Facility
 Staff Psychologist, Patton State Hospital
 Unknown

1994-1995

Staff Psychologist, Patton State Hospital
 Staff Psychologist, Patton State Hospital
 Private Practice, Denver, Colorado
 Staff Psychologist, Patton State Hospital then Whiting Forensic Institute, Connecticut Valley Hospital

1995-1996

Staff Psychologist, Patton State Hospital
 Staff Psychologist, Patton State Hospital, then Metropolitan State Hospital
 Private Practice, El Salvador

1996-1997

Staff Psychologist, Patton State Hospital
 Staff Psychologist, Patton State Hospital, then Professor, Institute for the Psychological Sciences
 Fellowship, Patton State Hospital then Staff Psychologist, Patton State Hospital
 Fellowship, Patton State Hospital then Staff Psychologist Patton State Hospital then Napa State Hospital

1997-1998

Postdoctoral Fellowship: National Center for PTSD, Veterans Administration Medical Center, then
 Veterans Administration Outpatient Clinic, Los Angeles
 Fellowship in Clinical Psychology, then Staff Psychologist
 Staff Psychologist, Patton State Hospital

1998-1999

Staff Psychologist, Patton State Hospital
 Postdoctoral Fellowship, Patton State Hospital, then Staff Psychologist, Patton State Hospital
 Postdoctoral Fellowship, Patton State Hospital, then Staff Psychologist, Patton State Hospital

Postdoctoral Fellowship, Memphis Tennessee, then Staff Psychologist, Patton State Hospital

1999-2000

Postdoctoral Fellowship, Patton State Hospital, then Staff Psychologist Patton State Hospital
Staff Psychologist, Patton State Hospital
Working on Dissertation

2000-2001

Staff Psychologist Patton State Hospital
Postdoctoral Fellowship, Patton State Hospital, then Staff Psychologist, Patton State Hospital'
Postdoctoral Fellowship, Patton State Hospital, then Staff Psychologist, Patton State Hospital
Staff Psychologist, Patton State Hospital

2001-2002

Postdoctoral Fellowship, Patton State Hospital
Postdoctoral Fellowship, Patton State Hospital
Advanced Intern / Patton State Hospital
Staff Psychologist, Patton State Hospital

2002-2003

Postdoctoral Fellowship, Patton State Hospital
Staff Psychologist, Patton State Hospital
Staff Psychologist, Patton State Hospital
Staff Psychologist, Patton State Hospital

2003-2004

Postdoctoral Fellowship Patton State Hospital
Staff Psychologist, Patton State Hospital
Staff Psychologist, Patton State Hospital
Maternity leave then 2005-06, Postdoctoral Fellow Patton State Hospital

2004-2005

Staff Psychologist, Patton State Hospital
Postdoctoral Fellow, Patton State Hospital
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Extended Internship, on leave to complete dissertation
Staff Psychologist, Patton State Hospital
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2005-2006

Postdoctoral Fellow, Patton State Hospital
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Postdoctoral Fellow, Patton State Hospital
Private Practice in Psychotherapy
Undecided at time of printing
Undecided at time of printing